

**CALIFORNIA ARTS COUNCIL
TRAVEL CLAIM FORM**

PART A – REIMBURSEMENT INFORMATION:

NAME/ADDRESS:

DATE: _____

CONTRACT NUMBER: _____

CONTRACT PERIOD: _____

PART B – TRAVEL INFORMATION:

DESTINATION/PURPOSE OF TRIP: _____

DATE AND TIME OF DEPARTURE: _____

DATE AND TIME OF RETURN: _____

PART C – TRAVEL EXPENSES:

PER DIEM MEALS*

*Reimbursement shall not be made for meal and lodging expenses incurred within 50 miles of home or office.

**No lunch reimbursement for travel less than 24 continuous hours

(Breakfast reimbursed if trip begins before 6am and ends after 9am.
Dinner reimbursed if trip begins before 4pm and ends after 7pm)

Breakfast @ \$6.00\$ _____

Lunch** @ \$10.00\$ _____

Dinner @ \$18.00\$ _____

Total Meals \$ _____

ADDITIONAL EXPENSES

Incidental @ \$6.00 (For each 24-hour period of continuous travel) \$ _____

Lodging, up to \$84.00 per night plus tax (Attach receipt) \$ _____

Car Mileage, _____ miles @ 31 cents per mile \$ _____

Parking (Attach receipt, if more than \$10.00) \$ _____

Toll Fees \$ _____

Taxi/Shuttle (Attach receipts) \$ _____

Rental Car (Attach receipt. NO REIMBURSEMENT ALLOWED FOR\$ _____
LIABILITY INSURANCE OR LUXURY CARS)

Other (Specify and attach receipt) _____ \$ _____

TOTAL REIMBURSEMENT \$ _____

CLAIMANT'S SIGNATURE

DATE